

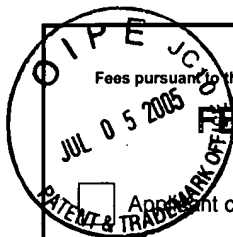
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/470,890
	Filing Date	12/22/1999
	First Named Inventor	Patrick D. Smith
	Group Art Unit	2631
	Examiner Name	Burd, K.
Total Number of Pages in this Submission	Attorney Docket Number	BCS03393

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address/Statement Under 37 CFR 3.37(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Response to Restriction Requirement
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature	<i>Ben D. Driscoll</i>		
Date	July 1, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	Carol J. Smith		
Signature	<i>Carol J. Smith</i>	Date	July 1, 2005



Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/470,890
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Examiner Name	Burd, K.
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Attorney Docket No.	BCS03393

TOTAL AMOUNT OF PAYMENT (\$)**910****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims  - 20 or HP=  x  =  Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims Fee(\$) Fee Paid (\$)

Indep. Claims  - 3 or HP=  x  =  Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets  - 100 =  Extra Sheets  /50 =  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee (\$) Fee Paid (\$)

**4. OTHER FEE(S)**

1 Month Extension \$ 120  
RCE Filing Fee \$ 790

Fee Paid (\$)

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-323-1840
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Signature

Date

July 1, 2005